

Serial No: 09/857,994
Filing Date: October 5, 2001
Group Art Unit: 1617
Docket No: S03167/6Z-US
Invention: Method of Using Integrin Antagonist and One or More Antagonistic Agents as a Combination Therapy in the Treatment of Neopasia

Date of Deposit: March 20, 2003

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Fee Transmittal Combined Amendment & Petition for Extension of Time Amendment & Reply to Requirement for Restriction Appendix to Amendment Return Postcard

Linda Haley

(Typed or printed name of person mailing paper or fee)

Signature of person mailing paper or fee)

PTO/SB/17 (11-01)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no persons are required to espond to a collection of information unless it displays a valid OMB control number. Complete if Known **Application Number** 09/857/994 Filing Date October 5, 2001 Patent fees are subject to annual revision. First Named Inventor McKearn, et. al. **Examiner Name** San Ming R. Hui Applicant claims small entity status. See 37 CFR 1.27 **Group Art Unit** 1617 TOTAL AMOUNT OF PAYMENT \$1,970.00 Attorney Docket No. SO3167/6Z-US

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Check Credit card Money Other None		3. AI		NAL Small	FEES Entity		
Deposit Account:		Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Deposit   Account	19-1025	Code 105	( <b>\$)</b> 130	Code 205	(\$) 65	Surcharge - late filing fee or oath	
Number	1, 1020	127	50	227	25	Surcharge - late provisional filing fee or cover	
Deposit Account	Pharmacia Corporation					sheet	
Name		139 147	130	139		Non - English specification	
The Commissioner is authorized to: (check all that apply)			2,520		2,520	For filing a request for ex parte reexamination	
Charge fee(s) indicated below Credit any overpayments		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Charge any additional fee(s) during the pendency of this application		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing fee			110	215	55	Extension for reply within first month	
to the above identified deposit account.			400	216	200	Extension for reply within second month	
FEE CALCULATION			920	217	460	Extension for reply within third month	
	C FILING FEE	118	1,440	218	720	Extension for reply within fourth month	
Fee Fee	Fee Fee Fee Description	128	1,960	228	980	Extension for reply within fifth month	1,970.00
Code (\$)		119	320	219	160	Notice of Appeal	
101 740 106 330		120	320	220	160	Filing a brief in support of an appeal	
100 330		121	280	221	140	Request for oral hearing	
107 310		138	1,510	138	1,510	Petition to institute a public use proceeding	
114 160		140	110	240	55	Petition to revive - unavoidable	
	SUBTOTAL (1)	141	1,280	241	640	Petition to revive - unintentional	
``			1,280	242	640	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND  Extra Claims  Fee from below  Fee Paid  Total Claims  -20** = 0 X = 0.00  Independent - 3** = 0 X = 0.00  Claims  Multiple Dependent = =			460	243	230	Design issue fee	
			620	244	310	Plant issue fee	
			130	122	130	Petitions to the Commissioner	
			50	123	50	Processing fee under 37 CFR § 1.17(q)	
Large Entity   Small Entity		126	180	126	180	Submission of Information Disclosure Statement	
Fee Fee Code (\$	Fee Fee Fee Description	581	40	581	40		
103 18	203 9 Claims in excess of 20	146	740	246	370	Filing a submission after final rejection	
102 84	202 42 Independent claims in excess of 3	149	740	249	370	(37 ČFR § 1.129(a)) For each additional invention to be examined	
104 280	204 140 Multiple dependent claim, if not paid					(37 CFR § 1.129(b))	
109 84	209 42 ** Reissue independent claims over original patent	179	740	279		Request for Continued Examination (RCE)	
110 18	210 9 ** Reissue claims in excess of 20	169	900	169	900	Request for expedited examination of a design application	
and over original patent			er fee (	specify			
SUBTOTAL (2) \$0.00							
**or number previously paid, if greater; For Reissues, see above			luced t	y Basic	Filing	Fee Paid SUBTOTAL (3)	\$1,970.00

SUBMITTED BY Complete (if applicable) Registration No. 314-274-7354 Telephone Name (Print/Type) Rachel A. Polster 47,004 (Attorney/Agent) Signature Date

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